

Main Address  
P. O. Box 1362  
Wilmington, Delaware 19899-1362



[info@deparalegals.org](mailto:info@deparalegals.org)  
[www.deparalegals.org](http://www.deparalegals.org)

**APPLICATION FOR CLE CREDIT TO MAINTAIN  
DELAWARE CERTIFIED PARALEGAL CREDENTIAL**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ WORK FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF ORIGINAL DCP CERTIFICATION: \_\_\_\_\_

**SOURCE OF CLE CREDIT:**

Course/seminar offered by ABA, state bar association, national/state law-related organization, national/state paralegal association, accredited education institution, professional education provider, federal/state regulatory or government authority, applicant's employer (in-house program).

SPONSORING ORGANIZATION: \_\_\_\_\_

TITLE OF COURSE/SEMINAR: \_\_\_\_\_

DATE(S) ATTENDED: \_\_\_\_\_

METHOD OF PRESENTATION:

\_\_\_\_ Faculty in room with participants

\_\_\_\_ Satellite/Webcast/On-Line

\_\_\_\_ Audio and/or Videotape presentation

\_\_\_\_ Other (please describe): \_\_\_\_\_

**ATTACH** the following documents: (1) Program agenda or other course material containing a time schedule (if you did not attend the seminar in full, or if the seminar included concurrent sessions, please indicate sessions actually attended by initialing segments on agenda); **AND** (2) Completed certificate of attendance signed by a representative of the sponsoring organization. For audio and video presentations, a written confirmation from the sponsoring organization will be accepted in lieu of a certificate of attendance. For In-House Programs Only: Please complete the attached "Certificate of Attendance for In-House CLE Programs."

TOTAL NUMBER OF INSTRUCTIONAL HOURS ATTENDED (excluding Ethics): \_\_\_\_\_

TOTAL NUMBER OF ETHICS HOURS ATTENDED: \_\_\_\_\_

Teaching, speaking or guest lecturing (REMINDER: A maximum of two CLE credits may be obtained in this manner.)

SPONSORING ORGANIZATION: \_\_\_\_\_

TITLE OF COURSE/SEMINAR: \_\_\_\_\_

TITLE OF PRESENTATION: \_\_\_\_\_

DATE(S) PRESENTED: \_\_\_\_\_

CITY & STATE WHERE PRESENTED: \_\_\_\_\_

**ATTACH** the following documents: (1) Program agenda; **AND** (2) All written materials prepared by the applicant.

EXACT TOTAL NUMBER OF HOURS OF INSTRUCTION BY APPLICANT (excluding Ethics): \_\_\_\_

EXACT TOTAL NUMBER OF HOURS OF ETHICS INSTRUCTION BY APPLICANT: \_\_\_\_\_

EXACT NUMBER OF HOURS SPENT AUTHORIZING WRITTEN MATERIALS: \_\_\_\_\_

EXACT NUMBER OF ADDITIONAL HOURS SPENT IN PREPARING FOR PRESENTATION: \_\_\_\_

CHECK ONE OF THE FOLLOWING:

\_\_\_\_ I am the principal author of the written materials identified above.

\_\_\_\_ I was assisted by others in the preparation of the written materials identified above. I have initialed the portions of the written materials authored by me. The hours recorded above for instructing the course, authoring the written materials and preparing for the presentation are my hours and do not include any hours recorded by those who assisted me.

Authoring an article or publication (REMINDER: A maximum of one CLE credit may be obtained in this manner. The number of CLE credits awarded in this category will be based upon the length and content of the article.)

TITLE OF ARTICLE: \_\_\_\_\_

PUBLICATION IN WHICH ARTICLE APPEARED: \_\_\_\_\_

DATE OF PUBLICATION: \_\_\_\_\_

**ATTACH** the following document: Copy of article from the publication in which it appeared (include a copy of the cover of the publication).

CHECK ONE OF THE FOLLOWING:

\_\_\_\_ I am the principal author of the article identified above.

\_\_\_\_ I was assisted by others in the preparation of the article identified above. I have initialed the portions of the article authored by me.

Delivering pro bono legal services (REMINDER: A maximum of two CLE credits may be obtained in this manner. One hour of CLE credit will be awarded for every three hours of pro bono legal services performed.)

AGENCY/COURT/FIRM FOR WHO SERVICES PERFORMED:

CONTACT NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

TYPE OF MATTER: \_\_\_\_\_

NUMBER OF HOURS OF PRO BONO LEGAL SERVICES PERFORMED: \_\_\_\_\_  
(REMINDER: One hour of DCP CLE credit will be awarded for every three hours of pro bono legal services performed.)

**ATTACH** the following document: Affidavit completed by supervising attorney, program/agency coordinator or court representative stating the number of hours of pro bono legal services performed, the types of services performed and that said services were substantive in nature.

Designated DPA DCP CLE monthly lecture luncheons

**ATTACH** the following document: Certificate of attendance at designated DPA DCP CLE monthly lecture luncheon.

### **AFFIRMATION OF DELAWARE CERTIFIED PARALEGAL**

I am currently employed as a paralegal and I am a Full member of DPA. I hereby affirm that the information contained on my "Application for CLE Credit to Maintain Delaware Certified Paralegal Credential" is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Submit To:**

Delaware Paralegal Association  
Attn: DCP Committee  
P. O. Box 1362  
Wilmington, DE 19899

Please include a check or money order in the amount of \$20 made payable to *Delaware Paralegal Association*. **If your CLE application is denied, this fee will not be refunded.**

**IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED DOCUMENTS AND FEES. IF YOUR APPLICATION AND/OR SUPPORTING DOCUMENTS ARE INCOMPLETE, YOUR APPLICATION MAY BE REJECTED. YOU WILL RECEIVE A LETTER CONFIRMING THAT YOUR RENEWAL HAS BEEN APPROVED. PLEASE ALLOW TWO MONTHS FOR THE RENEWAL PROCESS. IF YOUR APPLICATION IS SUBMITTED DURING THE TRANSITION FROM ONE FISCAL YEAR TO THE NEXT (BETWEEN JUNE 1 AND JULY 31), THE PROCESSING OF YOUR APPLICATION MAY BE DELAYED.**

Main Address  
P. O. Box 1362  
Wilmington, Delaware 19899-1362



[info@deparalegals.org](mailto:info@deparalegals.org)  
[www.deparalegals.org](http://www.deparalegals.org)

**DELAWARE PARALEGAL ASSOCIATION**  
**CERTIFICATE OF ATTENDANCE FOR IN-HOUSE CLE PROGRAMS**

I, \_\_\_\_\_ declare as follows:

1. I am an attorney admitted to the State Bar of \_\_\_\_\_
2. I am employed by \_\_\_\_\_.
3. On \_\_\_\_\_, my employer held a CLE seminar titled \_\_\_\_\_  
\_\_\_\_\_ which consisted of substantive law and/or legal issues.
4. The seminar constituted \_\_\_\_ CLE credit hours. [NOTE: One CLE credit hour shall be computed by the following formula: Sum of the total minutes of actual instruction divided by 60 equals total credit hours (rounded to the nearest 1/10<sup>th</sup> of a credit hour). Legal education shall be included in computing the total hours of actual instruction. All non-instructional portions of CLE programs (such as breaks and introductory remarks) will NOT be included in the credit hour computation.]
5. \_\_\_\_\_, DCP was in attendance at this seminar.
6. That the above statements are true and correct to the best of my knowledge, information and belief.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_